

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 581400

FILING DATE

6.1.06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3	2		1			
4	2					
5	3					
6	0					
7	0					
8	0					
9	0					
10	0					
11	0	1				
12	1		1			
13	1		1			
14	2					
15	2					
16	0					
17	1					
18	0					
19	0					
20	0					
21	0					
22	0	1				
23	1		1			
24	1		1			
25	2					
26	2					
27	0					
28	0					
29	0					
30	0					
31	0					
32	0	1				
33	0	1				
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49						
50						
TOTAL IND.			3			
TOTAL DEP.		30				
TOTAL CLAIMS		33				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						